

Mayo School of Continuous Professional Development (MSCPD) Exhibitor Agreement

Activity Title	2020 Heart Failure Management for the Np, PA and Primary Provider
Activity Number	20R006404
Location	Lake Buena Vista, FL
Dates	March 26-28, 2020

Agreement between: ACCREDITED PROVIDER: Mayo Clinic College of Medicine – MSCPD AND:

Company Name (Exhibitor) (as it should appear on printed materials)	
Exhibit Contact (if different then exhibit Rep.)	
Name(s) of Representative(s) exhibiting: (Maximum of two representatives allowed per exhibit)	
Address	
Telephone	
Fax	
Email	
The named exhibitor wishes to exhibit at the above named activity for the amount of	\$ 2,200

NOTE: There may be additional charges depending on the meeting location (power, internet access, etc.).

Please list additional requests here: (please note: additional requests may incur additional fees)

TERMS AND CONDITIONS

- EXHIBITOR agrees to abide by ACCME Standards for Commercial Support as stated at www.accme.org: SCS 4.2: “Product-promotion material or product-specific advertisement of any type is prohibited in or during CME activities. The juxtaposition of editorial and advertising material on the same products or subjects must be avoided. Live (staffed exhibits, presentations) or enduring (printed or electronic advertisements) promotional activities must be kept separate from CME.” “For live, face-to-face CME, advertisements and promotional materials cannot be displayed or distributed in the educational space immediately before, during or after a CME activity. **Providers cannot allow representatives of Commercial Interests to engage in sales or promotional activities while in the space or place of the CME activity.**”
- EXHIBITOR may only distribute educational promotional materials at their exhibit space. Distribution of non-educational items (pens, notepads, etc.), pharmaceuticals or product samples is prohibited.
- All exhibit fees associated with this activity will be given with the full knowledge of the PROVIDER. No additional payments, goods, services or events will be provided to the course director(s), planning committee members, faculty, joint provider, or any other party involved with the activity.
- Completion of this agreement represents a commitment and payment is due and collectible by the ACTIVITY DATE unless otherwise agreed upon by the PROVIDER. PROVIDER reserves the right to refuse exhibit space to EXHIBITOR in the event of nonpayment or Code of Conduct violation.
- PROVIDER agrees to provide exhibit space and may acknowledge EXHIBITOR in activity announcements. PROVIDER reserves the right to assign exhibit space or relocate exhibits at its discretion.

By signing below, I agree to the "Terms and Conditions" outlined on Page 1 of this Exhibitor Agreement (including ACCME Standards for Commercial Support):

The person signing below is authorized to enter into this agreement:

Exhibitor Representative Name	Signature	Date
Mayo Clinic Representative Name	Signature	Date
	<i>Charlene Tri</i>	9-10-19

PAYMENT INFORMATION

Please indicate your method of payment:

PROVIDER Federal Tax ID number is **41-6011702**.

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card or Wire Transfer
<p>Make payable to: Mayo Clinic Cardiovascular CME Office – C. Tri 200 First St SW, GO 6-472 Rochester, MN 55905</p> <p>Please identify HFMAN 2019 on the check.</p>	<p>For payment by credit card or wire transfer, please call the Mayo CVCME Registrar: Jane Juenger Direct: 507-266-6264 Phone: 800-283-6296</p> <p><i>Do not send credit card information via email or fax.</i></p>

Complete and return this form along with your payment made to Mayo Clinic by March 1, 2020 to:

Mayo Clinic Cardiovascular CME
ATT: C. Tri
200 First St SW, GO 6-472
Rochester, MN 55905



Telephone: 507-284-1986



E-mail: ctri@mayo.edu